thymol in alcohol, thymol in vaseline, noviform, sugar and hydrogen peroxide were all tried. Of all the materials employed, balsam of Peru gave the best result; sugar next; 10 per cent. noviform salve without cotton next; and hydrogen peroxide last. Among the material observed, were four cases of umbilical infection. All of them were mild in character and speedily disappeared under applications of alcohol. In reviewing the results of the clinic showed that in the last 5000 children treated from 1912 to 1914, there was no case of umbilical infection. In prior years, the mortality from this condition was estimated at 0.07 per cent. in 10,000 children.

Rupture of the Uterus During Pregnancy.—MEYER (*Arch. mens. d'obstet.*, August, 1915) reports three cases of rupture of the uterus during pregnancy. The first was in a woman, aged thirty-five years, who had had nine pregnancies previously, three terminating prematurely. About six weeks before term, the patient was suddenly seized with prostration, abdominal pain, the discharge of a little fluid from the vagina and the development of shock. When brought to hospital, the patient was without appreciable pulse, the abdominal condition could not be clearly made out by palpation but the abdomen was immediately opened. There was a large quantity of blood in the peritoneal cavity, the fetus was in Douglass's pouch. The body of the uterus had ruptured from above downward near its left border and at the point of rupture had become inverted. Hysterectomy was practised but the patient succumbed. An examination of the uterus could assign no cause for the accident. The second patient was a multipara who came into labor with inefficient uterine contractions. The abdomen was greatly enlarged, exceedingly painful on palpation. A physician who was summoned administered morphin and chloral but the hemorrhage continuing, the patient was brought to hospital as a case of placenta previa. On admission, her clothing was soaked with blood and Momeberg's bandage was immediately applied, arresting the hemorrhage. While the patient was being prepared for abdominal section, she died. Autopsy showed a longitudinal rupture in the body of the uterus near the right border. Examination of the uterus failed to reveal any histological changes in its substance. His third case (also a multipara) who had had no labor pains but who, upon going to a toilet, was suddenly taken with severe abdominal pain. The patient was pale with a very feeble, regular pulse, the abdomen very painful upon palpation. The urine contained albumin and casts, there was no hemorrhage nor uterine contraction. Morphin was given to relieve pain, but the symptoms continued and the patient gradually grew worse. On opening the abdomen, there had been considerable hemorrhage with rupture at the fundus. The child was living but died shortly after birth. The mother made a tedious but complete recovery.

The Causes Which Stimulate the Mammary Secretion During the Puerperal Period.—ZULOAGA (*Arch. mens. d'obstet.*, September, 1915) has studied the factors which stimulate the secretion of milk. He describes the case of a patient pregnant about four months threatened with abortion in whom he used a tampon of gauze. The patient had strong uterine contractions and on removing the packing a cotyledon of the placenta

was adherent to the gauze. Two days following the condition of the patient was satisfactory but on the third day there was a rise of temperature and pulse with considerable secretion of milk. The breasts were so swollen that the movement of the arms was painful. The secretion of milk lasted nearly three weeks after the abortion. The patient stated that she had been delivered of a child five months before and that the midwife in attendance had delivered the placenta with the hand and that there had been no possibility of conception since that time. Evidently this retained portion of placenta which had been removed with the gauze was the cause for the free secretion of milk.

The writer also reports the case of a multipara pregnant for about six months, who expelled a fetus of about three months, mummified, with a placenta corresponding in size and development to five months. The placenta showed a subchoreal hematoma. The patient made a good recovery but two days after the expulsion of the dead fetus, the secretion of milk developed in abundance and proceeded for sometime. His third case was that of a multipara who believed herself pregnant seven months when the active movements of the fetus ceased. Two days later there was a secretion of milk, which persisted for six days. A seven months macerated fetus was expelled accompanied by the placenta and this showed areas of congulation necrosis. These cases seem to indicate that the substances formed in the placenta and transmitted to the circulation furnishes a stimulus which excites mammary secretion. The writer states that the crisogonous hormone which stimulates the secretion of milk is secreted by the myometral glands. It is not thought that the fetus has any influence in determining mammary secretion. During pregnancy the internal secretion of the myometral glands goes to the placenta, thence to the fetus, determining certain crises of development in the newborn to which Bar has called our attention. When the direct connection between the placenta and the uterus is interrupted the secretion of the myometral glands passes into the blood of the mother and stimulates mammary secretion. Uterine involution is favored by the passage of the crisogonous hormone into the maternal blood. These substances are found in greater or smaller quantity in the fetus, placenta and uterine tissue and this fact explains the results obtained by those who have used these substances in stimulating mammary secretion.

GYNECOLOGY

UNDER THE CHARGE OF

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Radiotherapeusis in American Gynecology.—The application of radiotherapy to various gynecologic conditions had become a well established practice in Europe before the outbreak of the war, the